

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | AS | | 9-12-00 |
| O.I.P.E. CLASSIFIER | | 71435 | 9-18-00 |
| FORMALITY REVIEW | | | 10/23/00 |
| RESPONSE FORMALITY REVIEW | | | 11/23/00 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
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APPLICATION
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TITLE APPLICANTS

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